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|---|---------------------------|---|--|-----------------------------------|------------------------------|
| 1. NUMBER: FD-35-069 | 2. PCN: PB20354 | MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2) | | 3. DATE: June 19, 2001 | 4. PAGE 1 of 1 |
| 5. TO: FD32/Denise Morris | | 6. THRU: FD35/Debbie Underwood | | 7. FROM: TBE/Gary Moore | |
| 8. TITLE OF CHANGE: Deliver Links Files for Status Check and MAMS for Increment 3 | | | | | |
| 9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine | | | 10. NEED DATE: June 26, 2001 | | |
| 11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS | | | 12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: Increment 3, Flight 7A.1 US PODF | | |
| 13. RECOMMENDED EFFECTIVITY(IES): Increment 3, Flight 7A.1 | | | 14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): Inc 3 Status Check FL, LF and MAMS FL, LF, N003 | | |
| 15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER: NA | | | 15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc. NA | | |
| 16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) The Status Check for Inc 3 had been submitted without a File List or Links File, and Mams was submitted without a Links File. | | | | | |
| 17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input type="checkbox"/> Other (Specify): | | | | | |
| 18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) Submit for baselining the files list and links file for the Status Check Cue Card, as well as the links file for the MAMS payload. Update the files list and the N003 procedure for MAMS to show the necessary links. All files are attached for review. | | | | | |
| 19. MOD KIT INFORMATION: | | | | | |
| Yes No | | | | Enclosure | Paragraph |
| <input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain) | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain) | | | | | |
| Proofing Location: | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change) | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification) | | | | | |
| Vehicle/Site & CI Serial No. | Change Period | Mod Kit Delivery Date | Est. M/H for Mod Kit Instl. | Out-of-Service Time | |
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| 20. SIGNATURE OF ORIGINATOR: Gary Moore /s/ | | DATE: 6/19/2001 | TELEPHONE NUMBER: 961-1155 | OFFICE SYMBOL: TBE | |
| 21. CONCURRENCE | | | | | |
| SIGNATURE | ORG. | DATE | SIGNATURE | ORG. | DATE |
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| 22. TECHNICAL APPROVAL | | | | | |
| SIGNATURE | ORG. | DATE | SIGNATURE | ORG. | DATE |
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